

THE PETE V. DOMENICI LEGACY

Yes, I want to **pledge** \$ _____ to support **The Pete V. Domenici Legacy**.

Name _____ Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail address _____

Company _____ Fax _____

I intend to make my gift via (please check all that apply):

Pledge, please bill me \$ _____ for the next _____ years. Monthly Quarterly Annually

Check. (Please make check payable to **NMSU Foundation**.)

Credit card: VISA MasterCard Discover American Express

Acct. # _____ Exp. Date _____ Name on Credit Card _____

Payroll deduction. (Please send me additional information.)

My employer can match my gift.

Signature _____

Signature above verifies my agreement to pledge and approval to charge credit card.

Charitable donations to the NMSU Foundation may be tax deductible.

Mail To:

Pete V. Domenici Legacy

Randy Frye

NMSU Foundation

PO Box 3590

Las Cruces, NM 88003-3590

(or)

Fax: 575.646.8021



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